

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Mission Control, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 114 Mansfield Hollow Rd # A			Amount <span style="border: 1px solid black; padding: 2px;">21098.90</span>		
City Mansfield Center		State CT	Zip Code 06250-1316		Transaction ID : VN7GD9WCHY5
Purpose of Expenditure Direct Mail - Estimate		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate Jeff Gorell			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">231263.55</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mission Control, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 114 Mansfield Hollow Rd # A			Amount <span style="border: 1px solid black; padding: 2px;">32579.09</span>		
City Mansfield Center		State CT	Zip Code 06250-1316		Transaction ID : VN7GD9WCHZ3
Purpose of Expenditure Direct Mail - Estimate		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate Donald Norcross			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">66197.04</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">53677.99</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Nicholas Pancrazio			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> [Electronically Filed]		

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PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Strategy Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 06 / 2014</b>	
Mailing Address <b>1140 Connecticut Ave NW</b> <b>8th Floor</b>		Amount <b>22600.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-4023</b>	Transaction ID : <b>VN7GD9WCJ01</b>
Purpose of Expenditure <b>Direct Mail - Estimate</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Robert J. Dold Jr.</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>10</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>90409.82</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>22600.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>76277.99</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Nicholas Pancrazio*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 08 / 2014**

Signature